

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328

SUPREME COURT OF WISCONSIN

TELEPHONE: 608-266-9760

MULTISTATE BAR EXAMINATION REQUEST & RELEASE FORM

TO THE APPLICANT: Determine in advance the correct agency to which your MBE transfer request should be directed. Complete the top of this form and mail it to that agency with any applicable fee. Your score must be received at the Board of Bar Examiners office by the following deadlines: February 2, 2004 for the February examination and July 1, 2004 for the July examination. It is your responsibility to make the agency aware of the deadline.

NOTE: Several jurisdictions have authorized the National Conference of Bar Examiners to transfer MBE scores to other jurisdictions.

YOUR NAME AS IT APPEARS ON
YOUR WISCONSIN APPLICATION:

(first) (middle) (last)

THE NAME UNDER WHICH
YOU TOOK THE MBE:

(first) (middle) (last)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
MM/DD/YY

I hereby authorize the (jurisdiction) _____ Board of Bar Examiners and/or the National Conference of Bar Examiners to release to the Wisconsin Board of Bar Examiners my Multistate Bar Examination raw and scaled scores which I attained on the bar examination administered on (date) _____.

Applicant's Signature Date Examination #

CERTIFICATION OF MULTISTATE BAR EXAMINATION SCORE

TO CERTIFYING OFFICIAL: Please complete and transmit this certification directly to the Wisconsin Board of Bar Examiners at the address noted above.

(1) The above-named applicant attained a raw score of (optional) _____ and a scaled score of _____ on the Multistate Bar Examination administered in (jurisdiction) _____ on (date) _____.

(2) Was the MBE administered as part of a bar examination in your jurisdiction?

Yes No

(3) Was the applicant successful on the total examination at which this MBE was taken?

Yes No

Name of Certifying Official Title of Certifying Official / /
Date